ANS shoul	IPATION
PHYSICI	t of OCCL
item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	statemen
e stated	ed. Exact
should b	ly classifi
led. AGE	be proper
illy suppli	it may ficate.
be carefu	s, so that
pinots u	lain termina
Informatic	EATH in p
BEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
B.—Ever	CAU

70 0

3 SEX

ARENTS

16

ż

OF FATHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

14 THE ABOVE

(State or country) 12 MAIDEN NAME OF MOTHER

1 PLACE OF DEATH Worreston

6984

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

Ilf death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

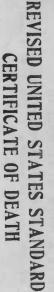
MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED. Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 10 - 4 m. 1 day.....hrs. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country Contributory. (Duration) 10 NAME OF FATHER 11 BIRTHPLACE

> *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

of death		mos	d
19 MACE OF BURIAL OR REMOVA	DATE OF I	RIIDIAI	-

OR RECENT RESIDENTA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not cated thus: of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer. The (4)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to tilme and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucess of lungs, meninges, peritonaeum, etc., Carcin-

mus," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debllity" ("Concause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. For vioture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HFCEIVED

JUN 2 1913

BUREAU, V.S.

RMANEN PE cla properly supplied. may plain Information 드

certificate

ō

back

Instructions

mportant.

of Infor

Item FO

80

z

Every II

OCCUPATION

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Woz Registration Dist. No. St.;....Ward) a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO. (Month) (Dav) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH N. 191. (Month) (Day) alive on (Year If LESS than TAGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory State or country) (Secondary) (Buration) 10 NAME OF FATHER / (Signed) (Address)...... 11 BIRTHPLACE OF FATHER (State or country) AREN. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country State Where was disease contracted. it not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS Filed. 2

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Raito., Requesting V. S. No. 1.

[It death occurred in

(Year)

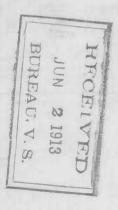


[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust y, and therefore an Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcinosis of tungs, meninges, peritonaeum, etc..

which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrerran schiichee. mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Measles (disease causing ture of the American Medical Association.) eause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Mares thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chrowit oma. Sarcoma. etc., of ... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. er" is iess definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can death), 29 State cause for Examples:



RECORD PERMANENT

B. ż

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. See instructions on back of certificate. of Information should be DEATH in plain terms, so CAUSE OF I

1 PLACE OF DEATH County Marcular

6986



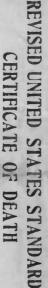
STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35/

....St.;......Ward)

[It death occurred to a hospital or institution, give its NAME instead of street and number.]

PER	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, DROIVORGED	16 DATE OF DEATH (Month) (Day) (Year)
male	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF B	19 0	, 191, to
	(Month) (Day) (Year)	that I last saw h alive on
AGE	It LESS that	
	yrs. 4 mos. / 7 ds. OR min. ?	The CAUSE OF DEATH * was as follows:
(a) Trade, profe		Le adian
(b) General nat business, or e	ture of industry,	(Duration) yrs. mos. ds.
BIRTHPLAC (State or co	untry) /	Contributory (Secondary)
10 NAME FATE	HPLACE HAShing Collie	(Signed) (Duration) yrs mos ds. (Signed) , M. D. May 8 , 191 (Address) Sroutell
Z (State	EN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTH OF M	HPLACE OTHER OF COURTY! New Ork Mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Intermant)	Starting Casoia	Where was disease contracted, It not at place of death?
,	San Min Sand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addre		Coolspring curety May 8 1913
Filed M	ay 8, 1913 Relay Sunt	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regis trar,	



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal scotichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Taemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interatifial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Examples:



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. that it may be properly classified. UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. PLAINLY, WITH

> B z

STATE OF MARYLAND CERTIFICATE OF DEATH

30 Registration Dist. No ...

Ilf death occurred in

	FULL NAME John James	bollin	a hospifal or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 51	enals white the word	16 DATE OF DEATH Mag	(Day), 191 3
8 D	ATE OF BIRTH Offil. 23 1846 (Month) (Day) (Year)	that I last saw h was alive on May	
7 A	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	ove. at 1.05 a.m.
pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work General nature of Industry, iness, or establishment in Callian, 8 day goods ich employed (or employer)	Gardine Paraly	rs mos ds.
9 8	IRTHPLACE tate or country) Ananyland	Gentributory Platty Negent (Secondary) Henst (Duration)	1
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 10 NAME 10 NAME 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME	(Signed) Ar ac (Signed) Ar ac (Signed) Ar ac (Address) Survey (State the Disease Causing Death, or, in deaths, state (1) Means of Injury; and (2) Tal, Suicidal, or Homicidal.	eaths from VIOLENT) whether ACCIDEN-
PA	13 BIRTHPLACE OF MOTHER (State or country) Orangland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSOR RECENT RESIDENTS) Af place In the of death	
	(Informant)	Where was disease contracted, If not at place of deafh? Former or usual residence	
16 Fil	(Address) And Hills May 1/1813 Re Roy Swith REGISTRAN	Eposcopal anniha My	ATE OF BURIAL ATE OF BURIAL DORESS
1	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	,,,,,

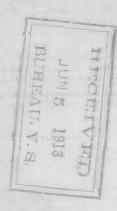


[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indicausing death, state occupation at heginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Inary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Frart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acciture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of __ (name origin; "Can-State cause for "Exhaustion," Never report Examples: For vio-



CORD	YSICIAN
2	PH
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF important. See instructions on back of certificate.
PERM	Exact
4	ed.
2	Piss
S	cia
H	S X
J	AGI
Z	. G
O	plie
N	sup may
FAL	II t
S	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
I	000
TIN	id I
5	hou teri
Ž	ain ns
A	atio ctio
P	T Ir
Щ.	ATI
2	of DE See
3	Item OF
	JSE orta
	CAL

B. ż

IS should state

1-PLAGE OF DEATH Village or City Survetice md (No.





STATE OF MARYLAND CERTIFICATE OF DEATH

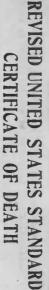
Registration Dist. No

...St.;.....Ward)

[If death occurred in a hospital or institution,

FULL NAME Johnny Corts	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended decreased from
7 AGE (Month) 24 (Day) (Year) 7 AGE If LESS than	that I last saw h alive on 191 and that death occurred on the date stated above, at 3 to a m. The CAUSE OF DEATH was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Selection of the country of t	was traking from buth die Contributory (Secondary) (Durayon) VISO mos de
10 NAME OF FATHER Hordy Corbin 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed)
OF MOTHER Tallie Malers 13 BIRTHPLACE OF MOTHER (State or country) Surveyile Sud 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant).	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, it not at place of death? Former or usual residence
(Address) Snowthin md. 15 Filed May 2 1913 Registrar	20 UNDERTAKER & Milliams & Mary 2 191

If more blanks are needed, address State Regis trar, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The quastion Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the diberable causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purereral scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile," etc.), "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can State cause for "Exhanstion," Examples:



-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1. N. B.

PLACE OF DEATH 6989	STATE OF MARYLAND CERTIFICATE OF DEATH
County Market	Registration Dist. No. 3.458
Village or City of halywile (No.)	St.; Ward) [If death occorred is a hospital or logititation give lifs NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OF RACE MARRIED; WHOWED, Write the word)	16 DATE OF DEATH 30 , 191 3. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw him allve on May 26 1918
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 12 grant The CAUSE OF DEATH* was as follows: Chronic Valoular Heart flues
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	
which employed (or employer) BIRTHPLACE (State or country) Arester Hope	Contributory (Secondary) (Buration) yrs mes ds
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 11 DIRTHPLACE OF FATHER	(Signed) Ca Holland, M. B. Inay 30, 1913 (Address) whalequely by
(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted,
Informant Longe B. Donaway	If oot at place of death? Former or usual residence
Filed May 30,1913 S Over	Donaway Comult May 3 1, 1913 20 UNDERTAKER ADDRESS
A	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubefcutosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Heastes (disease causing death), 29 affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronio interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is iess definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway train—acci--Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN No.

02

	PLACE OF DEATH 6990	STATE OF MARYLAND
Go	ounty Worceslor	CERTIFICATE OF DEATH
	man 11's a	Registration Dist. No. 357
Vi	100 AUNU MO	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Carnes Vomon	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale Colored Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH May 1913 (Month) (Day) (Year)
MI		17 I HEREBY CERTIFY, That I attended deceased from
o D	ATE OF BIRTH	, 191, to
	(Month) (Day) (Year)	that I last saw h. 2m. alive on May 11 ,1913
7 A C	SE If LESS than	and that death occurred on the date stated above, at 15 bear m.
	2/ yrs. 8 mos. 1 l ds. ORmin.?	The CAUSE OF DEATH * was as follows:
A	CCUPATION	Prosimonea He was diging
(a)	Trade, profession, or	When I saw from Grove of Phenone
	Ceneral nature of Industry,	
busi	ness, or establishment in ch employed (or employer)	(Duration) yrs. mos & ds.
9 01	ATHPLACE tate or country) war Inowlice and	(Secondary) (Ouration) (Duration) (Duration) (Duration) (Duration)
	10 NAME OF EMELY Form	(Signed) Tous Jones, M. D.
S	11 BIRTHPLACE	may 12, 1913. (Address) Showfill
ENT	(State or country) hear, Inow thee mod	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	12 MAIDEN NAME Service Hormon	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE OF MOTHER (State or country) near Snow Hill and	or Recent Residents) At place In the of death yrs
14 _T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Emery Former	If not at place of death?
	(Informant)	usual residence
	(Address) Survivitue and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		My Westley Country may 12, 1915
Fil	ed Mey 1/191 3	20 UNDERTAKER ADDRESS
-	REGISTRAR	William S. William Snowline m
11	If more blanks are needed, address State Revis trar, 6	E Franklin St Relto Peguesting V S No. 1

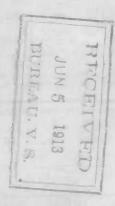


[Approved by U. S. Census and American Public Health Association.]

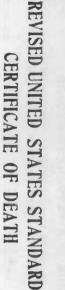
(a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carein-

mus," "Old Age," "Shock." such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreural septiehacetc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conampie: Meastes (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of . cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nophritis nant neopiasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) by earbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrbage," "Inanition," "Marasis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Traemia," "Weakness," ... (name origin; "Can State cause for "Exhaustion," Examples:



County Tousta 6991	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Berlin (No. Mix) * PULL NAME Clove 1	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Mule Single, Married, Married, Mide Write the word) Month (Day) (Year)	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191.3. that I last saw have alive on 7-90 191.3.
7 AGE If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment io which employed (or employer) BIRTHPLACE (State or country) Many Love	Contributory (Secondary) (Duration) yrs mes ds.
10 NAME OF FATHER Frances & Griffen 11 BIRTHPLACE OF FATHER (State or country) Mary Local 2 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Marylond	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs, mos, ds. Where was disease contracted.
(Informant) Elward Srffin	If oot at place of death? Former or usual residence
(Address) Berlin Ind	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL May 9 , 1913. 20 UNDERTAKER ADDRESS
REGISTRAR REGISTRAR REGISTRAR REGISTRAR	8 B. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DINKARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ... by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malis-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECELVED

JUN 2 1918

BUREAU, V.S.

V. S. No. 1.

PLACE OF DEATH 6992 County Morcester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 357
Village or City Near Invustric Md (No	St.; Ward) [If death occurred in a hospital or institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIODWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH Month) (Month) (Day) (Year)
B DATE OF BIRTH Sel 21 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: The Chypician Spiliple:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	(Duration) Few moment
which employed (or employer) BIRTHPLACE (State or country) Lear Snow till rud	Contributory Valvular Disease Ofeach (Secondary) (Duration) Tra. mos de
10 NAME OF SETULE Harmons 11 BIRTHPLACE	(Signed) Autones M. D. May 10, 1913 (Address) Show Will
Z OF FATHER (State or country) News Sucurities mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) hear Snowtill md	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
(Interment) Lewel Harmons	If not at piace of death?
(Address) New ark Ind Row 1 16 Filed May 10,1913 Be Roy Smith	19 PLACE OF BURIAL OR REMOVAL Cadar Cohapple Ceweley May 11. , 191 8 20 UNDERTAKER Prillians S. Phillians Involvill med
If more blanks are needed, address State Regis trar, 6	7770001,000

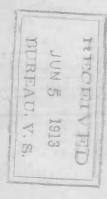


[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeaffection need not be stated unless important. oma. Sarcoma. etc., of ... dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock." 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephrititure of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for maily. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.). (Recommendations on statement of "Dropsy," "Exhaustion," Examples:



7. S. No. 1.

id be stated EXACTLY.	
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important, see instructions on back of certificate.	

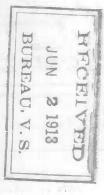
County Marcisting 6993 150	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 30 0
Village or City / Wash (No	St; Ward) [If death occurred to a hospital or institution, give its NAME lostead
*FULL NAME of array A	Harmun of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw he alive on 900 (8 ,1913
90 yrs ds. If LESS than 1 day,hrs. ORmlo. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or House Wife particular klod of work House	ald ages
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mes. ds.
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Deration) 4 yrs was ds
10 NAME OF FATHER UNKNOWN	(Signed) Straff M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a Mnknowy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Muruland	At place In the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It oot at place et death?
(Interment) David & Mariana,	Former or Usual residence
16 South	Lamily Cemetar man 22, 1913
Filed 2 2 , 191 3 A DUS	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples: HOT VIO-



Village or City Hear Bishus (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2.78 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR BACE MATRIED, MATR	16 DATE OF DEATH (Morph) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 13 191 3, to May 14 191 8
** AGE If LESS than 1 day,	and that death occurred on the date stated above, at 8 M m. The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) 776. / mos. 19 ds. Gontributory (Secondary)
OF MOTHER State or country) Plante 13 BIRTHPLACE OF MOTHER (State or country) Plante 13 BIRTHPLACE OF MOTHER (State or country) Puginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Holace in the other accidents) At place in the other accidents death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) (Address) (Addr	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (%)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the Americau Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head Niways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (name origin: "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 2 1918
BUREAU, Y. S.

certificate.

Important.

1-6 10

(Address)

Filed May 3 /

Village or City Survetill (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOB OR RACE SINGLE, MARRIED, WIDDWED. DRDIVORCED (Write the word) 8 DATE OF BIRTH Sant Snow.	18 DATE OF DEATH Nay 30, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 5, 1913, to 5, 1913. that I last saw hard alive on 2000.
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General natore of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at /0-30 Pm The CAUSE OF DEATH* was as follows: Description
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed)

address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. If more blanks are needed,

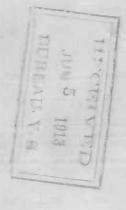


[Approved by U. S. Census and American Public Health Association.]

"Manuger," "Dealer," etc., without more precise speciadditional line is provided for the latter statement CAUSING DEATH, state occupation at beginning of liiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia,"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," ample: Measles (disease causing death), 29 ds.: cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic er" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. -Kart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can Examples: For vio-



No. vi

Co	unty Mo	se of DEATH	6996
Vi	iilage or Cit	y Hear I NAME MA	ziologiano.
	PERSO	NAL AND STATIST	CAL PARTICULARS
3 SE	esnah	4 COLOR OR RACE	S SINGLE, MARRIED, WHOOMED, ORDIVORCED (Write the word)
8 D	ATE OF BIRT	H May (Month	12
7 AC	E	/8 yrs. 0	mos. / 4 ds. 0
(a) par (b) busi whi	CCUPATION Trade, protession ficular kind of we General nature o ness, or establi ch employed (or RTHPLACE	f industry, ishment in Adams employer)	e work
	10 NAME OF FATHER 11 BIRTHPL OF FATH (State or	Luthe,	E. Hel
PARENTS	12 MAIDEN OF MOT	NAME HER Silli	Bun
147		BY Solve	st of MY KNOWLER whom M. M.
15 FII	ed Macy	29 , 1913 Trans	My Rayn

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 299

St.; Ward)

a hospital or institution, give its NAME instead of street and number.]

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WOOMED, OR DIVORCED (Write the word)	16 DATE OF DEATH Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
May 12 , 1895. (Month) (Day) (Year)	May 22, 1913, to May 2,6, 1913, that I last saw her alive on 11 1915
yrs	and that death occurred on the date stated above, at
ot work	
stablishment in dance work (or employer)	Contributory (Secondary)
E OF Lette & Heloche	(Signed) P. P. Collins M. D.
HPLACE FATHER e or country) Planvar	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
HPLACE Bunting	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OTHER OF COUNTRY) LE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos. ds. State yrs, mos, ds Where was disease contracted,
JB Huchon	It not at place of death? Former or usual residence.
ss) Billion M. d.	Date of Burial or REMOVAL DATE OF BURIAL AND 28, 1813
y 29 1913 Transthag Rayne Lot REGISTRAR	DF Huton Selbull
If more blanks are needed, address State Regia trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

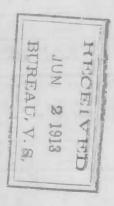


[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Congonital," "Senile." etc.), "Dropsy," "Exhaustion," oma. Sarcoma. etc., of _______ (name origin; "Can-ver" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis." etc. childbirth or miscarriage. as "Purperal septichue "Hart failure," "Haemorrhage," "Inanition," "Marus thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds. State cause for Examples:



1 PLACE OF	DEATH	6997		ST	ATE OF MARY	YLAND
County Wor	cestos	>	(41)		TIFICATE OF Registration Dist.	3 <-1
Village or City 2	now/to	L. L.	\$		St.;Ward)	[If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL A	ND STATISTICAL P	ARTICULARS		MEDICAL	CERTIFICATE OF D	EATH
	OR OR RACE S SING		18 DATE	OF DEATH	May (Month)	(Day) (Year)
B DATE OF BIRTH	Jan.	10 -, 18	38 that I las	13	CERTIFY, That I at 1913 to May 1	
7 AGE	(Month)	(Day) (Ye If LESS 1 day, OR	than and that	death occurred	on the date stated about a safellows:	ove, at 12 _Pn
B OCCUPATION (a) Trade, profession, or particular kind of work	nono		Aug.	reh fai	lure	
(b) General natore of industry business, or establishment which employed (or employer)	in C			ibutory	(Duration)	yrsd
9 BIRTHPLACE (State or country)	nanyl	and	(Seco	ondary)	(Duration	yrsd
S 11 BIRTHPLACE	saac B	ddin	(Signed)	. 1/6	Address) Short	offile m
OFFATHER (State or countr U 12 MAIDEN NAME OF MOTHER	& Man	Hang		te the DISEASE CA , state (1) MEAN UICIDAL, OF HOMI	AUSING DEATH, OF, In (2) NS OF INJUBY; and (2) CIDAL.	leaths from VIOLENT) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country)	Pron	when	At place of death	yrs mos.	CE (FOR HOSPITALS, INS In the ds. State	YES, MOS d
(informant)	o Zania	Ny KNOWLEDGE I Joylai	If not at pl			
(Address)	10WHis	1. Ind		E OF BURIAL OF		Stay 15'191 3
Filed May 15 1	3 LEKoy	Suulh Z. REGISTR	AR &	ERTAKER O	and Smo	DDRESS
/ If more bl	nks are needed, add	dress State Regis to	rar, 6 E. Frankli	n St., Balto., Req	uesting V. S. No. 1.	

6997



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin.

childbirth or miscarriage, as "Purperal septichaemere symptoms or terminal conditions, such as "As-thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart discase; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciuant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can-"Exhaustion," Never report Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
County Morcesla - 6998	CERTIFICATE OF DEATH
Village or City By Lui (No.)	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Owner (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	May 4 , 191 3 to May 2 9, 191 3
(Month) (Day) (Year) AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH* was as follows:
(b) General nature of indusfry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mary Land	(Duration) yrs mos 20 ds. Contributory (Secondary) (Deration) yrs mos s.
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) See Julian , M. D. May 31 , 191 3. (Addrass) Death or, in deaths from Violent Cauers, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Thany land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thomas Durilles	Where was disease confracted, If not at place of death? Former or usual residence
6 (Address) Derly 4, 4, 2 Mills Filed May 31, 1913 Seymes REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL May 21, 1913 20 UNDERTAKER ADDRESS 715 13
	6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

:(a) Spinner, it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-



RECORD PERMANENT QUIONIB 4 Œ INK-THIS ERVED UNFADING ES ARGIN WITH PLAINLY,

PHYSICIANS show that it certificate 0 0 terms, n back LO ATH in plain Instructions

state Very

0 0 shoul

statement

Exact

classified.

properly

pe

D

supplied.

pinous

Information

50

Item OF

M

ż

DEATH

mportant. Every Ite

PLACE OF DEATH, 6999 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred io St .:....Ward) a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S-BINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 140 1 day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) Geoeral nature of industry. business, or establishment in which employed (or employer) -----Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. mos. ds. State yrs. ____ mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE if oot at place of death?. Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses of lungs, meninges, peritonaeum, etc.. Carcinoses

. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing death), 29 (name origin; "Can-For vio-



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement stated EXACTLY. AGE should carefully supplied. N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m. Important. See instructions on back of certificate.

1 PLACE OF DEATH Worcester 7000



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; ..Ward) [If death occurred in a hospital or institution, give its NAME instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Spingle, Married, Widower, Marvied, Orbivorcep (Write the word)	16 DATE OF DEATH Month (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
y .	Sept., 1912, to 11/4y, 1912
(Month) (Day (Year)	that I last saw h M. alive on 1/1444 3 , 1913.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 6 m
yrsmosds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Interculoses of the lungs
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 5 yrs mos ds.
State or country)	GontributorySecondary
10 NAME OF FATHER Lloy & Taylor	(Signed) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother of Do and the	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Wainia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
14 THE ABOVE IS THE TO THE PEST OF THE KNOWLEDGE	Where was disease confracted, It not at place of death?
(Informant) Lloyd Jaylor Jr.	Former or usual residence
(Address) Stocktow, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL & 16 / 191 3
Filed 3/6/ 1913 W. O. Cayne	20 UNDERTAKER ADDRESS ADDRESS STATE OF THE S
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Acation as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (b)

lcsis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia brospiual meningitis"); Diphtheria (avold use time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only defiuite synonym is term for the same disease. Examples: Cerebrospinal "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid fever unqualified, is Indefinite): Tubercu-(never report "Typhoid "Epidemic cere-Carcin-

> cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of State cause for dcath), 29 ds.; "Exhaustion,"

1		state
1		should si Noi
	RECORD	PHYSICIANS of OCCUPAT
MARGIN RESERVED FOR BINDING	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
エドンドエンドロー・C	UNFADING INK-TH	that it may be properly
ZIDLAN	ITE PLAINLY, WITH	if information should be c

CAUSE OF Important.

N. B.

1 PLACE OF DEATH	700
County Worciston	
Village or City Snow Hill.	(No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH May 21 , 191 . (Monyh) (Day) (Year)
DATE OF BIRTH Col. 16,1977 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 21 mm, 191 3 to May 21 mm, 191 3 that I last saw h. Le alive on May 21 mm, 191 3
If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6-30 P. The Cause of Death * was as follows: The Cause of Death * was as follows: The Cause of Death * was as follows:
(a) Trade, profession, or hardcurs lunch	Valmoney The culous
usiness, or establishment in which employed (or employer)	(Duration) yrs. mos.
State or country) Ca.	Contributory (Secondary) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER Wan Mannford	(Signed) raw Jones M. , 191 (Address) Snow Still n
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos, (
(Informant) (Intermant) (Inter	it not at place of death? Former or usual residence
(Address) Server Hill.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 22 191 13 LERoy Swith	20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. causing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

BUREAU, V. S.

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrental septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," 'Traemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 de.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of ... (name origin; "Can-Never report Examples: For vio-

If this certificate is looked over thoroughly and all garations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-49

RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF GEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 OATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than 1 day hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, pe supplied business, or establishment in (Duration) may which employed (or employer) BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 80 50 be 11 BIRTHPLACE ARENT OF FATHER should 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER ot death yrs. mos. (State or country EATH Where was disease contracted. If not at place of death?. of a Former or OF Item usuai residence mportant. Every Its (Address) 20 UNDERTAKER m REGISTRAR

7002

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilf death occurred in a hospital or lostitution. give its NAME instead et street and number.]

and that death occurred on the date stated above, at __/_ The CAUSE OF DEATH was as follows: State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State _____ yrs, ____ mos. DATE OF BURIAL ADDRESS If spore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

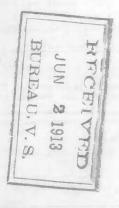


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication; as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: 0

Statement of cause of death—Name, first, the disease causing death—It respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -H art failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can State cause for Examples:



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 353 7003 OCCUPATION Registration Dist. No. [If death occurred in .Ward) a hospital or institution. RECORD give its NAME lostead of street and number. 1 70 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ENT S SINGLE. SEX 4 COLOR OR RACE MARRIED. PERMAN WIDOWED, ORDIVORCED That I attended deceased from Exact B DATE OF BIRTH classified. (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. OR 7 properly BOCCUPATION (a) Frade, profession, or particular kind of work. supplied. (b) General nature of industry. be business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certificate. (Secondary) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE terms. ARENT OF FATHER (State or country should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-CO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. (State or country State yrs. ____ I DEAT Where was disease contracted. If not at place of death? See jo Former or OF nsual residence mportant. 19 PLACE OF BURIAL OR REMOVAL Ш DATE OF BURIAL CAUSI 15 20 UNDERTAKER ADDRESS œ. REGISTRAR 17 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

ESERVED



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (d)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

mia," "PUERPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scotichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," (Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECELVED
JUN 2 1913
BUREAU, V. S.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. PERMANENT BINDING 4 15 FOR UNFADING INK-THIS AGE RESERVED MARGIN WITH PLAINLY, WRITE

S. No. 1.

state

RECORD

	PLAGE OF DEATH	STATE OF MARYLAND
County Worcesler 7004		CERTIFICATE OF DEATH
G	ounty of Care of the care of t	Parlistration Diet u. (ST)
	011.11	Registration Dist. No.
٧	illage or City Rushs by ill (No.	St.; Ward) [If death occurred in a hospital or institution
	00 21 1	give its NAME Instead
	FULL NAME John At Nelson	of street and number.]
	-FOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
-	a a la wipowed.	(Month) (Day) (Year)
_ 0	male BUL (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	, 191, to
	OCK 17, 1873	
	(Month) (Day) (Yegr)	that I last saw h alive on
TA		and that death occurred on the date stated above, at & Oelle, m.
	40 yrs. 4 mos. 24 ds. OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	40 days
	Trade, profession, or	vas alla prin pry Dioeau
	General nature of industry,	arrived braula I want
bus	iness, or establishment in 22	Whisty (Duration) Short tries ds.
	ich employed (or employer)	Carried Blatter of Arrents of
9 BIRTHPLACE (State or country) Froncisla C		(Secondary) (Duration) yrs mas s ds
	10 NAME OF A	
	FATHER MU Noldon	(Signed) M. D.
ENTS	11 BIRTHPLACE OFFATHER (State or country) Wonce II	, 191 (Address) Onokowile Thu
E		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; tod (2) whether ACCIDENTAL SUIVINIA OF HOMEOPINIA
ARI	12 MAIDEN NAME OF MOTHER CAMPAGE TO THE CONTROL OF MOTHER	TAD, SEICIDAL, OF HOMICIDAL.
0	White voice	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of MOTHER (State or country)	AT DIACE In the
		of death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not at place of death?
(Informant)		Former or
		usuai residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	2 4 80 9 11	Chevezer M. E. Peuc. May 26, 191 3
Fil	18d May 25 1913 XELoy Swith	20 UNDERTAKER ADDRESS
	2 REGISTRAR	mm 8. Williams Suow Still

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or indust, y, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

nus," "Old Age," "Shock." 'Traemia," "Weakness," etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purremeal scottchacgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accid ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Mares. Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-(name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BECUIVED

JUNEAUS, V.B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN

No.

υ'n

N. B.

1 PLACE OF DEATH

Go	ounty workesler	CERTIFICATE OF DEATH Registration Dist. No. 3314
Vi	** FULL NAME Harrie a	St.; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191
	(Montal) (Day) (Year)	that I last saw halive on,191
7 AG	GE	and that death occurred on the date stated above, at
par (b) busi whice) Trade, protession, or ricular kind of work. General nature of industry, siness, or establishment in ich empioyed (or employer) IRTHPLACE tate or country) UNA	Contributory (Secondary) Couration ole first O K (Duration) yrs. mos. ds
ARENTS	10 NAME OF FATHER SOLVAND WILSON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs,
(interment) Harry Politice		Where was disease coniracted, it not at place of death? Former or usual residence.
16	(Address) Slocklow and 18d 5/16/1913 western Registran Registran Registran Registran Registran	Mockbon of Faul Lundry 5/16, 1913 20 UNDERTAKER ADDRESS FOULLY Sturmed Slocklands

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, cspecially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purreneal scottchacture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomia," "PUERPEEAL peritonitis." etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Arample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," _ (name origin; "Candeath), 29 State cause Examples:

If this certificate is looked over thoroughly and all garations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECEIVED

JUN 2 1913

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
Man 17 7006 1	CERTIFICATE OF DEATH
County // / Co	Registered No. 3.50
0 10	
VIIIago or City Vo Chube Uno	St; Ward) [If death occurred in a hospital or institution,
	give its NAME instead
Kourts Bus	A Clamil of street and number.]
FULL NAME / COM av Junu	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED 1	16 DATE OF DEATH May 241, 1913
MARRIED LA WIDOWED, ORDIVORCED (Write the word)	Glonth) (Day) (Year)
Table	17 I HEREBY CERTIFY That I attended deceased from
6 DATE OF BIRTH	Acty 22 1913, to 25 29 , 1913.
(Month) (Day) (Year)	that I last saw here alive on with 24' 1913
7 AGE If LESS than	and that death occurred on the date stated above, atm,
7 C 7 1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ORmin.?	
BOCCUPATION	Middle Ian absers having
(a) Trade, profession, or Faure	had a fall me with before thinking
(b) General nature of industry,	Andre 1
business, or establishment in which employed (or employer)	(Duration) yrs mos / 4/ds.
BERTHPLACE (State or country) Tronces And Ca	Contributory / Mung Min (Secondary)
(State or country)	(Deration) yrs mos 3 ds.
10 NAME OF	(Signed) Kheettale, M. D.
FATHER James Pague	
OF STATES of	May 14, 191 . (Address) Manual My
State or country) Mreesty Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a G. Nuclient	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Meeter 6 "	At place in the of death yrs. mos. ds. State yrs, mos. ds.
	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW DEDGE	If not at place of death?
(Informant) affect 17. Change	Former or "Vasual residence
Arcmiste l'it, hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) VV	Picemole Muy26 19D
May 24 - 1 & from Hillman	20 UNDERTAKER ADDRESS
Filed 1910 1910	
REGISTRAR	Phonometer quenoke ay



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: FOF VIO-



V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Gounty Warceston 7007	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35
Village or City Snow Hill (No	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw halive on, 191
7 AGE ## 1	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work (b) Benerel natore of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The diel. The boy you an apilities ran mobecile. Incumonis (Obration) yrs. mos. 6 ds Contributory (Secondary)
10 NAME OF FATHER Cohob Pennwill 11 BIRTHPLACE OF FATHER (State or country) Many Cone of	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where wes disease contracted.
(Informant) Cho Pennsylville	If not at plece of death? Former or usual residence
Filed May 11, 1913 LE Roy Swith	19 PLACE OF BURIAL OR REMOVAL M. C. Carrelly Snow Hell May 11, 1913. 20 UNDERTAKER ADDRESS LU. J. HE and Snow Hill.
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puzzperal scptichae-"Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Deblity" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic zer" is iess definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Old Age," "Shock," 'Iraemia," "Weakness," Meastes (disease causing death), 29 ds.: Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can Never report Examples:



		state
		Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
		S sh ATIO
	ORD	CIAN
	ECC	HYSI of OC
1	F	r. P
ALC.	NEN	atem
Z.	MA	EXA ct st
	PEF	tated
m	A	be s
T C	S 15	ould
F	THI	E sh erly
	NK	Prop
>	0	plied
7	DIN	may ate.
MAHGIN HESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	efully at it
7	D H	so th
5	TIM	ms.
I	Υ,	shot n ter
Σ	AINI	ation piai
	PL	form TH in
	SITE	of in DEAT
	W	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mai Important. See instructions on back of certificate.
No. 1.		ery USE porta
No.		CA

1.

ż

vi

1 PLACE OF DEATH

County Wordester

Village or City

Snow Will



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 357

..St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead

	FULL NAME Goor	re B. Ponnivill		or street and number.
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE O	F DEATH	
3 S1	EX 4 COLOR OR RACE	MARRIED,	16 DATE OF DEATH May	3 1913
ma	male white white word in ale		(Month)	(Day) (Year)
8 D	ATE OF BIRTH		HEREBY CERTIFY, That I attended deceased from	
	Sentembe	r 11 <u>1</u> 883	•/	- Mil
	(Month		that I last saw har allve on Ha	7
TA		if LESS than t day,hrs.	and that death occurred on the date stated. The CAUSE OF DEATH* was as follows:	above, at J-30 Am.
		mos. 22 ds. OR min.?	Larry eal au	Q
	CCUPATION) Trade, profession, or		2	- berculos is
pa	rticular kind of work Iarmer	***************************************		
bus	General natore of industry, liness, or establishment in ich employed (or employer)		Obort (Duration)	yrs
9 B	IRTHPLACE tate or country) Maryla	nd	Gontributory (Secondary)	
	10 NAME OF FATHER J. J.	Pennewill	(Signed) W.A. Ah	ery hu, M. Q.
NTS	11 BIRTHPLACE OF FATHER (State or country) Maryland		May S. 191 3 (Addrass) One	
ARE	12 MAIDEN NAME		*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	in deaths from Violent d (2) whether Acciden-
۵	usu	e Tull	18 LENGTH OF RESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Maryland		At place in the of death yrs mos ds. State	yrs mos ds
147	THE ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) Miss Bert	ie Pennewill	Former or usual residence	
	(Address)	Hill R R # 1	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16		00:	M.E. Cemetery Snow Hill	
Fil	may 5 1913 KE	Coe Sunt	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

W.T. Hearne



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The quastion tion is very important, so that the relative healthfulwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . ture of the American Medicai Association.) "Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seniie." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for Examples: For vio-



ż

1 PLACE OF DEATH

County Morester 7009	Registration Dist. No. 357/
2 FULL NAME Sorah. Prove	St.; Ward) [It death occurred a hospital or institution give its NAME insternor of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED, DRIVORCED (Write the word)	16 DATE OF DEATH May 25, 191 3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	May 23 , 1913, to may 25 , 1913 that I last saw ham alive on Party 24 , 191
7 AGE If LESS than t day, hrs. ORmin.?	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Thoretter 63 Marchian 63	Contributory Pronchiles (Secondary) (Buration) yrs. mos. 8
10 NAME OF FATHER Robert-Powers 11 BIRTHPLACE	(Signed) (Signed) (Address) Show Kilo 20
Z OF FATHER (State or country) horesty md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of death
(informant) 42 8 A. Corrections (informant)	It not at place of death? Former or usual residence
(Address) Anow the And Filed May 16, 1913 LE Roy Smith	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar,	Thelliam S. Mellion Anowhile

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthfulcated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (o) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease,"); Lodar pneumonia; Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUEEPEEAL peritonitis," etc. childbirth or miscarriage. as "Purreman scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness, -Kart failure," "Haemorrhage," "Inanition," "Maras, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ... (name origin; "Can-State cause for Examples:

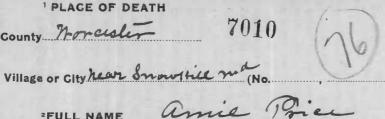


KECO	of occ
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC important. See instructions on back of certificate.
PER	stated. Exac
IS A	uld be lassified
IK-THIS	AGE sho properly cl
DING IN	supplied. may be
CNTA	carefully that It f certifica
H	rms, se back o
INLY.	lon sho
E PLA	Informat ATH In Instruct
WKII	em of DF DE/ t. See
	B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate.
	Z

IANS should state

County...

PLACE OF	DEATH	
norces	lin	701



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, DRDIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	May 10, 1913, to May 14, 1913 that I last saw her allve on more 12, 1913
7 AG	E It LESS than t day, hrs.	and that death occurred on the date stated above, at 2 a . m
	5-1 yrs. 2 mos. 14 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a)	Trade, protession, or ficular kind of work.	J. J
(b) busin	General nature of Industry, ess, or establishment in h employed (or employer)	(Duration) yrs. mos. ds.
9 Bil (Sta	RTHPLACE ate or country) haryland	(Secondary)
10 NAME OF FATHER Transon Henry		(Signed) (Ouration) xrs. 7 mos. 10 ds
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT
12 MAIDEN NAME OF MOTHER		TAL, SUICIDAL, or HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Leves J. Piece		Where was disease contracted, It not at place of death? Former or
	familie and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)		Laster Sale Country May 15 1913
File	May 15,1913 Kekoy Suulh	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage. as "Purrpural scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Sbock," 'Traemia," "Weakness," "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-(secondary or intercurrent death), 29 ds. State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLAGE OF DEATH 7011	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3.52
Village or City Oc an Cily (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
'2 FULL NAME Henry & Re	ehee clave fr of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frale 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOOWED, ORDIVORCED (Write the word)	(Month) ne (Day) (Year)
8 DATE OF BIRTH afril 28, 1513 (Month) (Day) (Year)	that I get saw h. Milve on from
7 AGE If LESS than 1 day,hrs. 9 ds. ORmin.?	and that death securred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Ocean Cily Terrer State	(Secondary)
10 NAME OF Henry & Richardson	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OFFATHER (State or country) Taylorville Tref	*State the DISEASE CAUSING DEATH OF IT OF THE COUNTY
OFFATHER (State or country) Transforville Trust 12 MAIDEN NAME OF MOTHER I da Trustallow	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Lalusburg Inap	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant). Henry E Richa San	Where was disease contracted, If not at place of death? Former or usual residence
(Address). Jeen Cely Ing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 6" 1913 Pas 7/ Mumber	20 UNDERTAKER ADORESS 1. Willisbage Who. Berlin mill
if more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day luborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing disease, frequency affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



ż

1 PLACE OF DEATH

County Moncular 7012	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City hear Annushie ma (No.	St.; Ward) [It death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Monyh) (Day) (Year)
8 DATE OF BIRTH Oct 17 1909	may 24 1913 to may 25 1912
(Month) (Day) (Year) AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10.30 8, n
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	The CAUSE of BEATH + was as follows: The opening bugh follows by Alute Emphysims (Duration) = yrs = mos & d
which employed (or employer) BIRTHPLACE (State or country) Balliage Country	(Secondary) Heart what the
10 NAME OF James A. Robis	(Signed) (Ouration) yrs. mos. d
11 BIRTHPLACE OF FATHER (State or country) Show sinc Md-	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICEDAY OF HOMOGRAPHY
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment), Kalin Marin	Former or usual residence

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('nal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISTASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Yever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purerreal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," -Kart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (discase causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of __ ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. 5. No. 1.

PLACE OF DEATH	7013 STATE OF MARYLAND
County Concession	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or Gity Jean alg (No. Cor)	Ward) Jacks St.; Ward) Jacks St.; Ward) Jacks St.; Ward) Fif death eccurred in a hospital or lastitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While (Write the word)	16 DATE OF DEATH (Moyth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Mooth (Day) (Year)	that I last saw h Malive on May 97, 1913
7 AGE 2 yrs. 7 mos. 10 ds. or. min.?	and that death occurred on the date stated above, at 12 - 30 mm, The CAUSE OF DEATH* was as follows: Accidental death due
6 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 9 OCCUPATION Representation Posses Po	a fall from 2 rd slowd a fall from 2 rd slowd wn for (Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER Park O. Taylon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Jannie 1. Principo	(Signed), 1013 (Address), In deaths from Violent Course, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 197 RUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT FREIDENTS) At place In the ot death
Informant, Flo. B. Frairs	It not at place of dealh? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 9', 1913 gas H Munched Stocal REGISTRAR	20 UNDERTAKER 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar	E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "Purperal septicharcause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 3 1913
BUREAU, V.S.

RECORD PERMANENT 4 supplied. UNFADING WITH should Information Jo

Item

N. B.

pinoi PATION OCCU Exact classifled. properly certificate. that 0 back terms, LO Instructions plal = DEATH OF mportant. Every

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Tif death occurred in St .: Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SEX S SINGLE: 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment lo (Duration) which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) AREN State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, ds. Where was disease contracted. 14THE ABOVE IS TRUE If not at place of death?... Former or (Intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Lequesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as mia," "I'UEEPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acctwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for For VIO-

